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Application

Environmental Cleanup and Liability Insurance for Storage Tanks

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

- Note:**
1. **This application is for all facility locations requiring coverage.**
 2. **All questions must be completed in their entirety including the tank schedule on the back page.**
 3. **The Applicant must complete one tank schedule for each facility location.**
 4. **Completion of this form does not bind coverage.**
 5. **UST's over 15 years of age: please provide leak detection records for the past three months.**

1. Name of Applicant: _____
2. Applicant's Address: _____
3. Details of each facility (if there are more facilities, please attach a list containing the details of each location):

Facility Name	Facility Address	Use of Facility	Does the Applicant own and operate the facility? If no, explain below.
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
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			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. (a) Who is the Owner of the facility: _____
 (b) Who is the Operator of the facility: _____
5. Please include with this application a copy of a survey plan and blueprint, if available, as well as the Applicant's Spill Prevention, Control and Containment (SPCC) Plan for each facility housing above ground storage tanks.
6. List all claims made or orders issued against the Applicant including employees during the past five years for cleanup or response action, or bodily injury or property damage, resulting from the release of regulated substances, hazardous waste or any other pollutants, from this location or other locations owned or operated by the Applicant into the environment. Please provide a brief description of each such claim/order and its outcome.
- _____
- _____
- _____
7. Is the Applicant aware of any facts or circumstances which could reasonably be expected to result in a claim(s) or order being asserted against the Applicant or any employee for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment? YES NO
- If yes, please provide details: _____
- _____
8. During the past five years, has the Applicant experienced any reportable releases or spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental laws or regulations? YES NO
- If yes, please provide details: _____
- _____
9. During the past five years up to the date of this application, has the Applicant or any employee been charged in relation to a contravention of any standard or law relating to the release or threatened release from the location of a regulated substance, hazardous waste or any other pollutant? YES NO
- If yes, please provide details: _____
- _____
10. Is there a history of leaks or releases at any of the facilities, not already stated above? YES NO
- If yes, please provide details: _____
- _____
11. Were all tanks new at installation? YES NO
- If no, please provide details regarding the date manufactured and any upgrades or changes made to the tank since the date manufactured.
- _____
- _____
12. Have any repairs or upgrades (including relining) been performed within the past 10 years for any tank? YES NO
- If yes, why were the repairs or upgrades performed?
- _____
- _____
13. Were any tanks ever removed or closed at any of the listed facilities? YES NO
- If yes, please provide details why: _____
- _____

14. Do any plans exist to remove or replace any tanks within the next 12 months? YES NO

If yes, please provide details of the planned dates and actions: _____

15. Does the Applicant currently have pollution liability insurance coverage for the tanks applied for on this application? YES NO

Insurer	
Renewal Date	
Limit	
Deductible	
Retroactive Date	

16. Are there any oil/water separators on any of the facilities listed in question 3? YES NO

If yes, please provide specific details as to why it is required, type, location and age: _____

17. Limits Required:

- \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$5,000,000/\$5,000,000
 \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 Other: _____

**Higher limits are recommended if both underground and above ground tanks exist.*

18. Deductible Required:

- \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. ("Victor") for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned declares that the above statements are accurate and complete and acknowledges its understanding that the Insurers are relying upon the statements in issuance of any quotation, binder or policy related to this application. Should a policy be issued, this Application and its attachments shall form part of the policy. The undersigned agrees that if information supplied in this Application changes between the date of this Application and the effective date of the policy, the undersigned will provide written notice of such changes immediately to Victor and Victor may withdraw or modify any outstanding quotations or agreement to bind coverage.

Name of Applicant (please print): _____

Signature of Applicant: _____

Date: _____

ALL STORAGE TANKS AT A GIVEN FACILITY MUST BE IDENTIFIED (WHETHER OR NOT THEY ARE OWNED OR OPERATED BY THE APPLICANT). IF VICTOR IS UNABLE TO COVER ALL STORAGE TANKS AT A FACILITY, VICTOR MAY NOT BE ABLE TO COVER ANY OF THE STORAGE TANKS AT THAT FACILITY.

19. TANK SCHEDULE Facility Address (please complete one schedule for each facility): _____

ABOVE GROUND STORAGE TANKS (AST)

TANK #	YEAR INST.	CAPACITY (litres)	TANK CONSTRUCTION (double wall or single wall)	TANK CONSTRUCTION MATERIAL (see below for options)	CONTENTS (see below for options)	REG. COMP.* (YES/NO)	LEAK DETECTION (see below for options)	BASE CONST. (see below for options)	DIKING CONST. (see below for options)	OVERFILL PROTECTION (YES/NO)	PROTECTION FROM VEHICLE IMPACT (YES/NO)

Above Ground

UNDERGROUND STORAGE TANKS (UST)

TANK INFORMATION							
TANK #	YEAR INST.	CAPACITY (litres)	TANK CONSTRUCTION (double wall or single wall)	TANK CONSTRUCTION MATERIAL (see below for options)	CONTENTS (see below for options)	REG. COMP.* (YES/NO)	LEAK DETECTION (see below for options)

PIPING INFORMATION (complete for any underground piping)			
YEAR PIPING INSTALLED	PIPING CONSTR (double wall or single wall)	PIPING CONSTRUCTION MATERIAL (see below for options)	PIPING LEAK DETEC. (see below for options)

Underground

TANK AND PIPING CONSTRUCTION MATERIAL
 F=FIBREGLASS
 FRP=FIBREGLASS REINFORCED PLASTIC
 FCL=FIBREGLASS CLAD STEEL
 CPS=CATHODICALLY PROTECTED STEEL
 PCL=POLYETHYLENE CLAD STEEL
 S=UNPROTECTED STEEL
 R=RELINED (INTERNALLY)

CONTENTS
 R=REG. GASOLINE
 E=ETHANOL
 D=DIESEL
 NO=NEW OIL
 WO=WASTE OIL
 K=KEROSENE

LEAK DETECTION
 DW=INTERSTITIAL MONITORING
 ATG=AUTOMATIC TANK GAUGING
 VW=VAPOUR MONITORING WELLS
 GW=GROUND WATER MONITORING WELLS
 SIR=STATISTICAL INVENTORY RECONCILIATION (by third party provider)
 VIS=MONTHLY VISUAL INSPECTION (above ground tanks only)

BASE AND DIKING CONSTRUCTION
 I=IMPERMEABLE (concrete, clay, synthetic)
 P=PERMEABLE (dirt, earth, gravel)
 N=NONE

*REGULATORY COMPLIANCE: DENOTES A TANK MEETING PROVINCIAL, TECHNICAL AND LEAK DETECTION STANDARDS.